



Competitive RFP for Zoonosis Control Division Animal Friendly Spay/Neuter

(www.tdh.state.tx.us/zoonosis)

RFP #:(Z01.0081.1)
Issue Date: 11/19/2003
Due Date: 02/10/2004

1100 W. 49th Street
Austin, Texas 78756-3199
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George McClesky, B.B.A., J.D.
Chair, Texas Board of Health

Eduardo J. Sanchez, M.D., M.P.H.
Commissioner

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INFORMATION

I. INTRODUCTION

The Texas Department of Health (TDH) Zoonosis Control Division announces the expected availability of fiscal year (FY) 2005 funds from the sale of Animal Friendly license plates to provide grants to eligible organizations that sterilize dogs and cats owned by the general public at no or minimal cost.

This Request for Proposal (RFP) contains the requirements that all applicants shall meet to be considered for funding. Failure to comply with these requirements will result in disqualification of the applicant without further consideration. Each applicant is solely responsible for the preparation and submission of an application in accordance with instructions contained in this RFP.

Before completing the application, refer to any relevant program standards provided in **SECTION II. PROGRAM INFORMATION**. Other sections within the RFP may contain additional instructions pertaining to unique program requirements set forth in legislation or regulations.

PLEASE READ ALL MATERIALS BEFORE PREPARING THE APPLICATION.

A. Eligible Applicants

Eligible applicants include 1) a private or public releasing agency (animal shelter); 2) an organization that is qualified as a charitable organization under Section 501c (3), Internal Revenue Code, that has animal welfare or sterilizing dogs and cats owned by the general public at minimal or no cost as its primary purpose; or 3) a local nonprofit veterinary medical association that has an established program for sterilizing dogs and cats owned by the general public at minimal or no cost. If applicant is currently debarred, suspended, or otherwise excluded or ineligible for participation in Federal or State assistance programs, applicant is ineligible to apply for funds under this RFP.

B. Project and Budget Periods

Approximately \$250,000.00 is expected to be available to fund multiple projects. The specific dollar amount awarded to each applicant depends upon the merit and scope of the proposed project.

It is expected that the contract will begin on or about 09/01/2004, and will be made for a twelve (12)-month budget period within a project period of one (1) year.

TDH reserves the right, where allowed by legal authority, to redirect funds in the event of financial shortfalls.

C. Use of Funds

All funds shall be used within Texas exclusively.

Funds are awarded for the specifically defined purpose and shall not be used for any other project. Funds may be used to:

1. Surgically sterilize dogs and cats owned by the general public at no or minimal cost; and
2. Pay for expendable veterinary surgical supplies only.

Funds shall not be used to supplant local or state funds. Funds may not be used:

1. To subsidize releasing agency adoption spay/neuter programs; and
2. To perform veterinary services other than surgical sterilization.

D. Schedule of Events

1. Post to the Electronic State Business Daily	11/19/2003
2. Issuance of RFP	11/19/2003
3. Deadline for Submitting Questions	01/28/2004
4. Posting of answers to Questions	02/03/2004
5. Deadline for Submission of Applications	02/10/2004
6. Written Notification to Selected Applicants	04/05/2004
7. Written Notification to All Applicants	04/25/2004
8. Post Notice of Awards on ESBD	05/01/2004
9. Expected Contract Begin Date	09/01/2004

II. PROGRAM INFORMATION

A. General Purpose and Program Goals

In an effort to reduce pet overpopulation, funds will be made available for community based programs which sterilize dogs and cats owned by the general public at no or minimal cost. New and existing programs may be funded.

Preference will be given to applicants who can demonstrate a low cost for surgery in the geographical area served on a per animal basis, thereby maximizing the number of dogs and cats which can be sterilized.

Preference will be given to new, qualified programs that do not duplicate existing low-cost spay/neuter efforts in a given community. Efforts will be made to disburse funds to all areas in Texas.

Preference will be given to applicants that involve or consult with their community's resources such as the local health department, the animal control department, animal welfare agencies, veterinary organizations, and human services agencies, however existing programs may be funded.

B. Background

Due to pet overpopulation in Texas, over half a million animals are euthanized annually at a cost of over \$20 million. These figures do not include animals that are abandoned and die from starvation, disease, or trauma. Stray animals represent public health threats through a variety of diseases such as rabies, toxoplasmosis, plague, and parasitic infections. Failure to surgically sterilize (spay or castrate) pets is irrefutably a major cause of pet overpopulation. The cost of the surgery is considered prohibitive to many pet owners. As a response to these problems, the 75th Texas Legislation designated that funds derived from the sale of Animal Friendly license plates be used for spay and neuter programs.

C. Legal Authority

This project is authorized under, and governed by Texas Health and Safety Code, §828.014, Dog and Cat Sterilization and Title 25 Texas Administrative Code §169.102, Texas Department of Health Animal Friendly Grants.

D. Project Development

1. Applicants should target low income dog and cat owners;
2. Describe how they define, ascertain, and verify that the person is financially challenged;
3. Applicants must document the intent and ability to collaborate with their community's resources such as local health departments, animal control agencies, animal welfare agencies, veterinary organizations, and human service agencies; and
4. Applicants must demonstrate a low cost for surgery in the geographical area served on a per animal basis.

E. Program Requirements

All selected applicants are required to conduct project activities in accordance with the Veterinary Licensing Act and the Rules of Professional Conduct. To obtain a copy, contact the Texas State Board of Veterinary Medical Examiners. Website: www.tbvme.state.tx.us

F. TDH Contact

For purposes of addressing questions concerning this RFP, the **sole** contact is Janet Childers. All communications concerning this RFP shall be addressed in writing, by fax or by email to:

Janet Childers
Procurement and Contracting Services Division
Room T-502
Texas Department of Health
1100 West 49th Street
Austin, Texas 78756-3199
FAX (512) 458-7351
Email: janet.childers@tdh.state.tx.us

Upon issuance of this RFP, other employees and representatives of TDH will not answer questions or otherwise discuss the contents of the RFP with any potential applicants or their representatives. Failure to observe this restriction may result in disqualification of any subsequent proposal. This restriction does not preclude discussions between affected parties for the purpose of conducting business unrelated to this RFP.

Procurement and Contracting Services (PCS) Division is the point of contact with regard to all procurement and contractual matters relating to the services described herein. PCS is the only office authorized to clarify, modify, amend, alter, or withdraw the project requirements, terms, and conditions of this RFP and any contract awarded as a result of this RFP.

Written inquiries concerning this RFP shall be received no later than 10:00 A.M. C.S.T. on 01/28/2004. Questions and answers will be posted on the Electronic State Business Daily (ESBD) at <http://esbd.tbpc.state.tx.us/1380/sagency.cfm> or may be requested by contacting the person listed above.

III. APPLICATION DEADLINE AND SUBMISSION

A. Application Deadline

The application shall be received on or before the following date and time: 5:00 P.M. C.S.T. on 02/10/2004. APPLICATIONS RECEIVED AFTER THE APPLICATION DEADLINE WILL NOT BE CONSIDERED.

B. Submission

The original application and three (3) copies shall be submitted to:

Janet Childers
Procurement and Contracting Services Division
Room T- 502
Texas Department of Health
1100 West 49th Street
Austin, Texas 78756-3199

Ref: RFP # Z01.0081.1

If an application is sent by overnight mail or hand-delivered to the TDH address above, the applicant should request a receipt at the time of delivery to verify that the application was received on or before the application due date and time.

If an application is mailed, it is considered as meeting the deadline if it is received on or before the due date and time. TDH will not accept applications by facsimile or e-mail.

Applicants sending applications by the United States Postal Service or commercial delivery services must ensure that the carrier will be able to guarantee delivery of the application by the closing date and time. If an application is received after closing due to 1) carrier error, when the carrier accepted the package with a guarantee for delivery by the closing date and time, or 2) significant weather delays or natural disasters. TDH will, upon receipt of proper documentation showing that the application would have been timely received except for the carrier error, significant weather delay or natural disaster, consider the application as having been received by the deadline.

Applications that do not meet the above criteria will not be eligible for competition and will be discarded.

IV. APPLICATION EVALUATION, SELECTION & NEGOTIATION

Applications will be evaluated according to the criteria below. To maximize fairness for all applications during evaluation, TDH staff may only confirm receipt of an application and are not permitted to discuss the application or its evaluation during the evaluation process. All applications remain with TDH and are not returned to the applicant.

A. Screening Process

Applications are initially screened for eligibility and completeness. Please use the checklist provided to ensure that all required forms are submitted.

The preliminary screening requirements include:

1. Application received on or before the application due date and time.
2. The original application bears an original signature of the authorized official of the applicant organization on the Face Page.

APPLICATIONS THAT DO NOT MEET THESE REQUIREMENTS WILL NOT BE CONSIDERED FOR EVALUATION AND APPLICANT WILL BE NOTIFIED IN WRITING.

B. Evaluation Process

Prior to the receipt of applications, TDH will establish a review process.

This process will consist of a two (2)-member team. Copies of the proposals will be distributed to each team member for review as per item C titled Evaluation Criteria.

C. Evaluation Criteria

The application sections as required in the Application Instructions will be weighted as follows:

Criteria	Value
Are there low cost spay/neuter services in your target area?	15
Describe the target area	20
How will you target clients?	20
Collaboration	15
Cost Estimate	10
Organizational structure/background/program budget and ability to effectively administer the program	20
Total	100

D. Selection and Negotiation

Once award decisions are made, TDH staff is responsible for negotiating contracts to obtain the needed client services within the framework of the goals of the Zoonosis Control Division and available funds. As funds are never unlimited, it is expected that the applicant(s) selected for contract awards may be asked to revise the budgets, as well as the goals and objectives, of their

proposals in order to achieve the Zoonosis Control Division goals within available funding limits. This process is commonly referred to as contract negotiation. Applicant shall submit written revisions reflecting negotiated changes. Once the contract negotiation process is complete, the Zoonosis Control Division initiates the development of a contract.

Each applicant whose proposal is selected for a contract shall receive written notification. The receipt of the notice does not constitute a fully executed contract. Providers who commence work without a contract signed by both parties are at risk of being unable to invoice TDH for those services and expenses.

Each applicant not selected for a contract is entitled to a timely written notification that its proposal will not be funded.

V. TDH ADMINISTRATIVE INFORMATION

A. Incurring Costs and Rejection of Applications

Any costs incurred in the preparation of the application shall be borne by the applicant and are not allowable costs. TDH reserves the right to reject any or all applications and is not liable for any costs incurred by the applicant in the development, submission, or review of the application.

B. Right to Amend or Withdraw RFP

TDH, reserves the right, to alter, amend, or modify any provisions of this RFP or to withdraw this RFP at any time prior to the execution of a contract if it is in the best interest of TDH and the State of Texas. The decision of TDH is administratively final. Amendment or withdrawal of the RFP will be posted to the Electronic State Business Daily.

C Financial and Administrative Requirements

All contractors shall follow applicable cost principles, audit requirements, and administrative requirements as follows:

Financial and Administrative Requirements

Applicable Cost Principles	Audit Requirements	Administrative Requirements
OMB Circular A-87, State & Local Governments	OMB Circular A-133	UGMS
OMB Circular A-21, Educational Institutions	OMB Circular A-133	OMB Circular A-110

OMB Circular A-122, Non-Profit Organizations 48 CFR Part 31, For-profit Organization other than a hospital and an organization named in OMB Circular A-122 as not subject to that circular	OMB Circular A-133 and UGMS Program audit conducted by an independent certified public accountant shall be in accordance with Governmental Auditing Standards.	UGMS
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Additional information on basic accounting and financial management systems requirements is available in TDH's Financial Administrative Procedures Manual. Copies of the manual are available online at <http://www.tdh.state.tx.us/grants/fapmanual.pdf>.

All TDH contractors are required to maintain a financial management system that will identify the receipt and expenditure of funds separately for each TDH contract Attachment and will record expenditures by the budget cost categories in the approved budget. This requires establishing within the chart of accounts and general ledger, a separate set of accounts for each contract Attachment. In order to ensure the fiscal integrity of accounting records, the contractor must utilize an accounting system that does not permit overwrite or erasure of transactions posted to the general ledger.

D. Authority to Bind TDH

For the purposes of this RFP, the Commissioner of Health and the TDH Chief Financial Officer (or designee), are the only individuals who may legally commit TDH to the expenditure of public funds. No costs chargeable to the proposed contract will be reimbursed before the contract is fully executed by the Procurement and Contracting Services Division.

E. Contracting with Subrecipients and Vendors

The selected applicant **may** enter into grant contracts with subrecipients or procurement contracts with vendors. The contractor is responsible to TDH for the performance of any subrecipient or subgrantee.

If the applicant enters into contracts with subrecipients or procurement contracts with vendors, the documents shall be in writing and shall comply with the requirements specified in the Contracts with Subrecipients and Contracts for Procurement articles in the General Provisions for Texas Department of Health Grant Contracts. The contract general provisions are available online at http://www.tdh.state.tx.us/grants/form_doc.htm .

If an applicant plans to enter into a contract in which a subrecipient or vendor will receive a substantial portion of the scope of the project, i.e., \$25,000 or 25% of the applicant's funding request, whichever is greater, the applicant shall submit justification to TDH and receive prior written approval from TDH before entering into the contract.

F. Historically Underutilized Business (HUB) Guidelines

In accordance with Texas Government Code, Sections 2161.181-2161.182, Health and Human Service (HHS) agencies shall make a good faith effort to assist HUBs in receiving awards issued by the state. The goal of the HUB program is to promote full and equal business opportunity for all businesses in contracting with the state. It is the intent of TDH that all TDH contractors make a good faith effort to subcontract with HUBs during the performance of their contract and to report their HUB subcontract activity to TDH on a quarterly basis. "Subcontract" means a written third party contract between a prime contractor/grantee and another contractor for the performance of all or part of a contract.

Blank HUB forms are included in the RFP. Please read the forms carefully. Complete HUB forms should be returned with the application. All questions concerning HUBs and TDH's HUB program should be directed to the TDH HUB Coordinator at 1-800-243-7487.

The HUB rules (1 Texas Administrative Code 111.11-111.24) may be obtained by contacting the TDH HUB Coordinator or by accessing the Texas Administrative Code on the Internet at <http://www.sos.state.tx.us/tac/>.

G. Contract Information

The final funding amount and the provisions of the contract shall be determined through negotiations between TDH staff and the applicant(s). Any exceptions to the requirements in the RFP shall be specifically noted and satisfactorily explained by the applicant in the application as a condition for allowing those exceptions in the contract.

TDH will monitor contractors' expenditures on a quarterly basis. A contractor's budget may be subject to a decrease for the remainder of the budget period if expenditures are below that projected. Vacant positions existing after ninety-(90) days may result in a decrease in funds. TDH reserves the right to adjust the funding allocation to contractors pursuant to the terms of the contract.

H. Contract Award Protest Policy

TDH has established a policy for a protest regarding an award. It states that a bidder, offeror, or applicant who has an allegation that TDH has failed to follow applicable statutes and rules in the procurement process, may file a protest. Information on the filing process, requirements, resolution, and appeal may be reviewed at http://www.tdh.state.tx.us/grants/law_reg.htm.

CONTENT AND PREPARATION

VI. APPLICATION CONTENT

A. Instructions for Preparation

The application should be developed and submitted in accordance with the instructions outlined in this section. The application shall be:

- Single-spaced
- 12-point font on 8 ½" x 11" paper with 1" margins.
- The original and all copies should be submitted **unbound**, but secured with binder clips or rubber bands.

All pages of the application, including any attached documents, should be consecutively numbered. The blank forms provided in **SECTION VII. BLANK FORMS AND INSTRUCTIONS** shall be used. Failure to arrange the application as requested may result in disqualification of the application.

Specific instructions for each required section are provided. Instructions for completing forms are found on each form. Forms may be electronically reproduced. However, all forms shall be identical to the original form(s) provided.

B. Confidential Information

The applicant shall clearly designate any portion(s) of this application that contains confidential information and state the reasons the information should be designated as such. Marking the entire application as confidential will neither be accepted nor honored. If any information is marked as confidential in the application, TDH will determine whether the requested information may be except from disclosure under the Public Information Act, Texas Government Code, and Chapter 552. If it constitutes an exception, and if a request is made by any other entity for the information marked as confidential, the information may be except from disclosure and shall be forwarded to the Texas Attorney General along with a request for a ruling on its confidentiality. Applicants are advised to consult with their legal counsel regarding disclosure issues and to take the appropriate precautions to safeguard trade secrets or any other confidential information. Following the award of any contract, applications to this RFP are subject to release as public information unless any application or specific parts of any application can be shown to be exempt from the Public Information Act, Chapter 552, Texas Government Code.

C. Table of Contents

THE APPLICATION SHOULD INCLUDE A TABLE OF CONTENTS AND BE ORGANIZED AND ARRANGED IN THE FOLLOWING ORDER:

- A. Face Page – Application for Financial Assistance
- B. Application Checklist
- C. Contact Person Information
- D. Administrative Information
- E. Applicant Background
- F. Assessment Narrative
- G. Budget
- G-1 – G2. Detailed Budget Category Forms
- H. Historically Underutilized Businesses (HUBs)
- I. Nonprofit Board of Directors and Executive Director Assurances Form
- J. Other Required Forms and Documents: Applicants Non-Discrimination Policy

VII. BLANK FORMS AND INSTRUCTIONS

To use the check box, place the pointer over the box and double click the left mouse button. In the Check Box Form Field Options, change the Default Value to Checked by clicking the circle in front of it.

Unlocked Forms

To have the computer do the addition:

1. Completely, fill out the column or row you are going to sum. If you are summing all of the totals, update the sum all of the columns and all of the rows before updating the sum of the totals.
2. Word will **not** update the totals automatically. Select the form field for the sum in one of the following ways:
 - Use the tab key to move from field to field or place the cursor immediately in front of the “0” or previous total with gray shading.
 - Drag the cursor over the “0” or previous total with gray shading so that only number is selected. Note: If the entire table cell is selected (black), the formula will not work and you risk deleting the form field.

Tip: The first time you use the forms the totals are all “0” with gray shading. Before updating a total, zoom in until you can easily see the “0” and the gray shading.

3. Press the F9 key (usually at the top of the keyboard).
4. Check the results. If it looks wrong, check the numbers you put in the row or column.

Caution: Never delete the form field for the total (the “0,” or previous total, with gray shading. The formulas will not work after the form field for the total is deleted. Selecting the field and typing over it will delete the field. The Backspace key will delete the field. The Delete key will delete the field.

Tip: You must update the totals for the columns and rows each time you change a number in that column or row.

Locked Forms

Fill in the form by entering information in the form fields. You can use the TAB and SHIFT+TAB or the arrow keys to move between fields.

To have the computer do the addition:

1. Use the tab key to move from field to field. Completely fill out the column or row you are going to sum.
2. Word will **not** update the totals automatically. On the Tools menu, click Options, and then click the Print tab.
3. Under "Printing" options, click the Update fields check box. Print the document or the changed page and the new sum will be calculated.
4. Check the results. If it looks wrong, check the numbers you put in the row or column.

Tip: You must update the totals for the columns and rows each time you change a number in that column or row.



Texas Department of Health
FORM A: FACE PAGE – Application for Financial
Assistance for the Zoonosis Control Division's
Spay/Neuter Program Competitive RFP Z01.0081.1

This form requests basic information about the applicant and project, including the signature of the authorized representative. The face page is the cover page of the application and shall be completed in its entirety.

APPLICANT INFORMATION				
1) LEGAL NAME:				
2) MAILING Address Information (include mailing address, street, city, county, state and zip code): Check if address change <input type="checkbox"/>				
3) PAYEE Mailing Address (if different from above): Check if address change <input type="checkbox"/>				
4) Federal Tax ID No. (9 digit) or State of Texas Comptroller Vendor ID No. (14 digit):				
5) TYPE OF ENTITY (check all that apply): <table style="width: 100%; border: none;"><tr><td style="width: 33%; vertical-align: top;"><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Other Political Subdivision <input type="checkbox"/> State Agency <input type="checkbox"/> Indian Tribe</td><td style="width: 33%; vertical-align: top;"><input type="checkbox"/> Nonprofit Organization* <input type="checkbox"/> For Profit Organization* <input type="checkbox"/> HUB Certified <input type="checkbox"/> Community -Based Organization <input type="checkbox"/> Minority Organization</td><td style="width: 33%; vertical-align: top;"><input type="checkbox"/> Individual <input type="checkbox"/> State Controlled Institution of Higher Learning <input type="checkbox"/> Hospital <input type="checkbox"/> Private <input type="checkbox"/> Other (specify): _____</td></tr></table> <p><i>*If incorporated, provide 10-digit charter number assigned by Secretary of State:</i></p>		<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Other Political Subdivision <input type="checkbox"/> State Agency <input type="checkbox"/> Indian Tribe	<input type="checkbox"/> Nonprofit Organization* <input type="checkbox"/> For Profit Organization* <input type="checkbox"/> HUB Certified <input type="checkbox"/> Community -Based Organization <input type="checkbox"/> Minority Organization	<input type="checkbox"/> Individual <input type="checkbox"/> State Controlled Institution of Higher Learning <input type="checkbox"/> Hospital <input type="checkbox"/> Private <input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Other Political Subdivision <input type="checkbox"/> State Agency <input type="checkbox"/> Indian Tribe	<input type="checkbox"/> Nonprofit Organization* <input type="checkbox"/> For Profit Organization* <input type="checkbox"/> HUB Certified <input type="checkbox"/> Community -Based Organization <input type="checkbox"/> Minority Organization	<input type="checkbox"/> Individual <input type="checkbox"/> State Controlled Institution of Higher Learning <input type="checkbox"/> Hospital <input type="checkbox"/> Private <input type="checkbox"/> Other (specify): _____		
6) PROPOSED BUDGET PERIOD: Start Date: 09/01/2004 End Date: 08/31/2005				
7) COUNTIES SERVED BY PROJECT:				
8) AMOUNT OF FUNDING REQUESTED:	10) PROJECT CONTACT PERSON Name: Phone: Fax: E-mail:			
9) PROJECTED EXPENDITURES Does applicant's projected state or federal expenditures exceed \$300,000 for applicant's current fiscal year (excluding amount requested in line 8 above)? ** Yes <input type="checkbox"/> No <input type="checkbox"/> <i>**Projected expenditures should include funding for all activities including "pass through" federal funds from all state agencies and non project-related TDH funds.</i>	11) FINANCIAL OFFICER Name: Phone: Fax: E-mail:			
<small>The facts affirmed by me in this application are truthful and I warrant that the applicant is in compliance with the assurances and certifications contained in APPENDIX A: TDH Assurances and Certifications. I understand that the truthfulness of the facts affirmed herein and the continuing compliance with these requirements is conditions precedent to the award of a contract. This document has been duly authorized by the governing body of the applicant and I (the person signing below) am authorized to represent the applicant.</small>				
12) AUTHORIZED REPRESENTATIVE Name: Phone: Fax:	13) SIGNATURE OF AUTHORIZED REPRESENTATIVE 14) DATE			

FORM A: FACE PAGE Instructions

This form provides basic information about the applicant and the proposed project with the Texas Department of Health (TDH), including the signature of the authorized representative. It is the cover page of the application and required to be completed. Signature affirms that the facts contained in the applicant's response are truthful and that the applicant is in compliance with the assurances and certifications contained in **APPENDIX A: TDH Assurances and Certifications** and acknowledges that continued compliance is a condition for the award of a contract. Please follow the instructions below to complete the face page form and return with the applicant's response.

- 1) **LEGAL NAME** - Enter the legal name of the applicant.
- 2) **MAILING ADDRESS INFORMATION** - Enter the applicant's complete street and mailing address, city, county, state, and zip code.
- 3) **PAYEE MAILING ADDRESS** - Enter the PAYEE's name and mailing address if PAYEE is different from the applicant. The PAYEE is the corporation, entity, or vendor who will be receiving payments.
- 4) **FEDERAL TAX ID/STATE OF TEXAS COMPTROLLER VENDOR ID** - Enter the Federal Tax Identification Number (9-digit) or the Vendor Identification Number assigned by the Texas State Comptroller (14-digit).
- 5) **TYPE OF ENTITY** - The type of entity is defined by the Secretary of State and/or the Texas State Comptroller. Check all appropriate boxes that apply.

HUB is defined as a corporation, sole proprietorship, or joint venture formed for the purpose of making a profit in which at least 51% of all classes of the shares of stock or other equitable securities are owned by one or more persons who have been historically underutilized (economically disadvantaged) because of their identification as members of certain groups: Black American, Hispanic American, Asian Pacific American, Native American, and Women. The HUB must be certified by the General Services Commission or another entity.

MINORITY ORGANIZATION is defined as an organization in which the Board of Directors is made up of 50% racial or ethnic minority members.

If a Non-Profit Corporation or For-Profit Corporation, provide the 10-digit charter number assigned by the Secretary of State.

- 6) **PROPOSED BUDGET PERIOD** - Enter the budget period for this application. Budget period is defined in the RFP.
- 7) **COUNTIES SERVED BY PROJECT** - Enter the proposed counties served by the project.
- 8) **AMOUNT OF FUNDING REQUESTED** - Enter the amount of funding requested from TDH for proposed project activities. This amount must match column (1) row K from FORM I: BUDGET SUMMARY.
- 9) **PROJECTED EXPENDITURES** - If applicant's projected state or federal expenditures exceed \$300,000 for applicant's current fiscal year, applicant shall arrange for a financial compliance audit (Single Audit).
- 10) **PROJECT CONTACT PERSON** - Enter the name, phone, fax, and e-mail address of the person responsible for the proposed project.
- 11) **FINANCIAL OFFICER** - Enter the name, phone, fax, and e-mail address of the person responsible for the financial aspects of the proposed project.
- 12) **AUTHORIZED REPRESENTATIVE** - Enter the name, phone, fax, and e-mail address of the person authorized to represent the applicant.
- 13) **SIGNATURE OF AUTHORIZED REPRESENTATIVE** - The person authorized to represent the applicant signs in this blank.

14) **DATE** - Enter the date the person authorized to represent the applicant signed this form.

FORM B: APPLICATION CHECKLIST

Legal Name of Applicant: _____

This form is provided to ensure that the application is complete, proper signatures are included, and the required assurances, certifications, and attachments have been submitted.

FORM	DESCRIPTION	Included
A	Face Page completed, and proper signatures and date included	<input type="checkbox"/>
B	Application Checklist completed and included	<input type="checkbox"/>
C	Contact Person Information completed and included	<input type="checkbox"/>
D	Administrative Information completed and included (with supplemental documentation attached if required)	<input type="checkbox"/>
E	Applicant Background included	<input type="checkbox"/>
F	Assessment Narrative included	<input type="checkbox"/>
G	Budget Summary Form completed and included (with most recently approved indirect cost agreement and letters of good standing if applicable)	<input type="checkbox"/>
G-1-G-2	Budget Category Detail Forms completed and included	<input type="checkbox"/>
H	TDH Client Services HUB Subcontracting Plan completed and included	<input type="checkbox"/>
I	Nonprofit Board of Directors and Executive Director Assurances Form	<input type="checkbox"/>
J	Other Required Forms & Documents: Applicant's Non-Discrimination Policy	<input type="checkbox"/>

FORM C: CONTACT PERSON INFORMATION

Legal Name of Applicant: _____

*This form provides information about the appropriate contacts in the applicant's organization in addition to those on FORM A: FACE PAGE. If any of the following information changes during the term of the contract, please send written notification to the **Procurement and Contracting Services Division**.*

Contact: _____ Title: _____ Phone: _____ Fax: _____ E-mail: _____	Mailing Address (incl. street, city, county, state, & zip): _____ _____ _____ _____ _____
Contact: _____ Title: _____ Phone: _____ Fax: _____ E-mail: _____	Mailing Address (incl. street, city, county, state, & zip): _____ _____ _____ _____ _____
Contact: _____ Title: _____ Phone: _____ Fax: _____ E-mail: _____	Mailing Address (incl. street, city, county, state, & zip): _____ _____ _____ _____ _____
Contact: _____ Title: _____ Phone: _____ Fax: _____ E-mail: _____	Mailing Address (incl. street, city, county, state, & zip): _____ _____ _____ _____ _____
Contact: _____ Title: _____ Phone: _____ Fax: _____ E-mail: _____	Mailing Address (incl. street, city, county, state, & zip): _____ _____ _____ _____ _____

FORM D: ADMINISTRATIVE INFORMATION

*This form provides information regarding identification and contract history of the applicant, executive management, project management, governing board members, and/or principal officers. Respond to each request for information **or provide the required supplemental document behind this form.** If responses require multiple pages, identify the supporting pages/documentation with the applicable request.*

Legal Name of Applicant: _____

Identifying Information

1. The applicant shall attach the following information:

If a Governmental Entity

- Names (last, first, middle) and addresses for the officials who are authorized to enter into a contract on behalf of the applicant.

If a Nonprofit or For profit Corporation

- Full names (last, first, middle), addresses, telephone numbers, titles and occupation of members of the Board of Directors or any other principal officers. Indicate the office held by each member (e.g. chairperson, president, vice-president, treasurer, etc.).
- Full names (last, first, middle), and addresses for each partner, officer, and director as well as the full names and addresses for each person who owns five percent (5%) or more of the stock if applicant is a for-profit corporation.

2. Is applicant a private, nonprofit organization?

☐ **YES** ☐ **NO**

If YES, applicant shall include evidence of its nonprofit status with the application. Any one of the following is acceptable evidence. Check the appropriate box for the attached evidence or complete the "Previously Filed" section, whichever is applicable.

- ☐ (a) A reference to the organization's listing in the Internal Revenue Service's (IRS') most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code.
- ☐ (b) A copy of a currently valid IRS Tax exemption certificate.
- ☐ (c) A statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.
- ☐ (d) A certified copy of the organization's certificate of incorporation or similar document if it clearly Establishes the nonprofit status of the organization.
- ☐ (e) Any of the above proof for a State or national parent organization, and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.

If an applicant has evidence of current nonprofit status on file with a program of TDH, indicate name of program and date of filing.

Previously Filed with: (TDH Program)

On (Date)

FORM D: ADMINISTRATIVE INFORMATION continued

Conflict of Interest and Contract History

The applicant shall disclose any existing or potential conflict of interest relative to the performance of the requirements of this RFP. Examples of potential conflicts may include an existing business or personal relationship between the applicant, its principal, or any affiliate or subcontractor, with TDH, the participating agencies, or any other entity or person involved in any way in any project that is the subject of this RFP. Similarly, any personal or business relationship between the applicant, the principals, or any affiliate or subcontractor, with any employee of TDH, a participating agency, or their respective suppliers, must be disclosed. Any such relationship that might be perceived, or represented as a conflict, shall be disclosed. Failure to disclose any such relationship may be cause for contract termination or disqualification of the proposal. If, following a review of this information, it is determined by TDH that a conflict of interest exists the applicant may be disqualified from further consideration for the award of a contract.

- 1. Does anyone in the applicant organization have an existing or potential conflict of interest relative to the performance of the requirements of this RFP?**

☐ YES ☐ NO

If YES, detail any such relationship(s) that might be perceived or represented as a conflict. (Attach no more than one additional page.)

- 2. Has any member of applicant's executive management, project management, governing board or principal officers been employed by the State of Texas 24 months prior to the application due date?**

☐ YES ☐ NO

If YES, indicate his/her name, social security number, job title, agency employed by, separation date, and reason for separation.

- 3. Has applicant had a contract with TDH within the past 24 months?**

☐ YES ☐ NO

If YES, indicate the contract number(s):

Contract Number(s)	

If NO, applicant shall be able to demonstrate fiscal solvency. Submit a copy of the organization's most recently audited balance sheet, statement of income and expenses and accompanying financial footnotes. If audited documentation is not available, provide explanation and submit a complete copy of the most recent Federal Income Tax Return (i.e. Form 990) as filed with the Internal Revenue Service. TDH will evaluate the documents that are submitted and may, at its sole discretion, reject the proposal on the grounds of the applicant's financial capability.

- 4. Is applicant or any member of applicant's executive management, project management, board members or principal officers:**

- delinquent on any state, federal or other debt;
- affiliated with an organization which is delinquent on any state, federal or other debt; or
- in default on an agreed repayment schedule with any funding organization?

☐ YES ☐ NO

If YES, please explain. (Attach no more than one additional page.)

FORM E: APPLICANT BACKGROUND

*Applicant shall provide a narrative description including: the legal name of the applicant; any affiliations; its overall purpose or mission statement; and a brief history of its accomplishments. Describe the organizational structure, such as board of directors, officers, advisory councils or committees. **A maximum of one (1) additional page may be attached if needed.***

FORM F: ASSESSMENT NARRATIVE

*Multiple data sources and assessments exist for many communities. Applicant is encouraged to utilize these resources when completing this form. Address each of the assessment activities (see ASSESSMENT NARRATIVE Guidelines) associated with the services proposed in this application. **A maximum of two (2) additional pages may be attached if needed.***

FORM F: ASSESSMENT NARRATIVE Guidelines

Multiple data sources and assessments exist for many communities. Applicant is encouraged to utilize these resources when completing this form. Specifically address each of the assessment activities listed below associated with the services proposed in this application. The required assessment items include:

1. Are there low cost spay/neuter services in your target area? Yes ☐ No ☐. If Yes:
 - a. How many
 - b. List what type
2. Describe the target area.
 - a. Where is your client base?
 - County(ies), city(ies)
 - Zip codes
 - b. Client base income.
 - Per capita income
 - Poverty level percentage
 - Percent unemployed (<http://factfinder.census.gov/home/en/datanotes/expsf1u.htm>)
 - c. Estimated dog and cat population (www.avma.org/membshp/marketstats/formuls.asp)
3. How will you target clients?
 - a. Low income.
 - How will you define low income
 - What proof will you require
 - b. What is your marketing strategy?
4. Collaboration:
 - a. Do you collaborate with other animal welfare groups and/or agencies? Yes ☐ No ☐.
Examples: Local VMAs/veterinarians
 Shelters
 Humane organizations
 Rescue groups
 - b. If so, how?
5. Cost estimate:
 - a. What is your unit cost?
 - Per dog spay
 - Per dog neuter
 - Per cat spay
 - Per cat neuter
 - b. What is the average cost in your target area?
 - Per dog spay
 - Per dog neuter
 - Per cat spay
 - Per cat neuter
 - c. How will you track and report the number species, and sex of dogs and cats sterilized?

QUARTERLY REPORTS

In the event a contract is awarded, applicant agrees that performance measures will be used to assess, in part, the applicant's effectiveness in providing the services described. Applicant agrees to supply quarterly (3 month) interim reports and a summary report upon completion of the funded project. These reports shall include:

1. The number of animals sterilized and returned to owner (indexed monthly by sex and species per line);
2. The number of owners receiving services;
3. The number of qualified owners requesting services;
4. The names and Texas license numbers of all veterinarians performing sterilizations under this project;
5. The total expenditures this project has incurred for the time period at issue (separating direct and indirect costs);
6. The total amount of TDH grant funds spent on this project during this time period;
7. The amount and source of all income or funds received from sources other than the TDH Zoonosis Control Division Animal Friendly Grant which were used in this program; and
8. The estimated amount of in kind services received.

FORM H: BUDGET SUMMARY

Legal Name of Applicant: _____

Cost Categories	TDH Funds Requested (1)	Direct Federal Funds (2)	Other State Agency Funds* (3)	Local Funding Sources (4)	Other Funds (5)	Total (6)
A. Direct Surgical Fee	\$	\$	\$	\$	\$	\$ 0
B. Fringe Benefits	\$ N/A	\$	\$	\$	\$	\$ 0
C. Travel	\$ N/A	\$	\$	\$	\$	\$ 0
D. Equipment	\$ N/A	\$	\$	\$	\$	\$ 0
E. Supplies	\$	\$	\$	\$	\$	\$ 0
F. Contractual	\$	\$	\$	\$	\$	\$ 0
G. Construction	N/A	N/A	N/A	N/A	N/A	N/A
H. Other	\$ N/A	\$	\$	\$	\$	\$ 0
I. Total Direct Costs	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
J. Indirect Costs	\$ N/A	\$	\$	\$	\$	\$ 0
K. Total (Sum of I and J)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
L. Program Income - Projected Earnings	\$	\$	\$	\$	\$	\$ 0

*Letter(s) of good standing that validate the applicant's programmatic, administrative, and financial capability must be placed after this form if applicant receives any funding from state agencies other than TDH. If the applicant is a state agency or institution of higher education, letter(s) of good standing are not required. DO NOT include non-project related funding in column 3.

FORM H: BUDGET SUMMARY Instructions

An accurate budget plan is essential to achieve the performance measures and work plan set out in the narrative portion of the application. All applicants shall complete the budget summary form. Be sure to refer to the appropriate sections in the RFP for program-specific allowable and unallowable costs.

This form shall reflect funding from all sources that support the project described in this attachment. See "Detailed Budget Category Forms, Instructions" for definitions of cost categories. For purposes of this form, the column headings have the following meanings:

- Column 1: The amount of funds requested from the Texas Department of Health (TDH) for this project.
Column 2: Federal funds awarded directly to applicant.
Column 3: Funds awarded to applicant from other State of Texas governmental agencies.
Column 4: Funds awarded to applicant by local governmental agencies (city, county, local health department, etc.).
Column 5: Funds from other sources not previously addressed in columns 1-4 (third party reimbursements, private foundations, donations, fund-raising, etc.).
Column 6: The sum of columns 1-5.

PROGRAM INCOME

Program Income: Projected Earnings. Applicant shall estimate the amount of program income that's expected to be generated during the budget period.

DEFINITION: Program income is the income resulting from fees or charges made by a contractor in connection with activities supported in whole or in part by a federal/state contract. Program income earned as a result of an effort which is jointly funded by TDH and the contractor is to be shared by TDH and the contractor. A program income allocation plan is the means by which TDH's share is determined. The required formula for a plan is as follows:

$$\frac{\text{TDH's Share of Funding}}{\text{TDH's Share of Funding} + \text{Contractors Share of Funding}} \times \text{Total Program Income Collected} = \text{TDH's Share of Program Income}$$

Contractor shall disburse program income rebates, refunds, contract settlements, audit recoveries and interest earned on such funds before requesting cash payments including advance payments from TDH.

For more information about program income, refer to the Program Income Article in the General Provisions for TDH Grants Contracts and/or obtain a copy of TDH's Financial Administrative Procedures Manual from the Internet at http://www.tdh.state.tx.us/grants/form_doc.htm.

INSTRUCTIONS:

Projected Earnings. Applicant must enter on the BUDGET SUMMARY form the estimated amount of program income that's expected to be generated during the budget period.

Examples Of Program Income

- Fees received for personal services performed in connection with and during the period of contract support;
- Tuition and fees when the course of instruction is developed, sponsored, and supported by the applicable contract from state or federal sources;
- Sale of services such as laboratory tests or computer time;
- Payments received from patients or third parties for medical or hospital service, such as Title XIX or Title XX reimbursements, insurance payments, or patient fees. These payments may be made under either a cost reimbursement or a fixed price agreement;
- Lease or rental of films or video tapes; and
- Rights or royalty payments resulting from patents or copyrights developed or acquired by the contractor.

[If using a unit cost reimbursement methodology, omit the Budget Summary Form and Budget Category Detail Forms and insert the appropriate unit cost forms and instructions. If a program requires applicants to establish the unit rate, include the following statement as a RFP budget requirement on the form: "Applicant certifies that the unit rate requested is the price given to applicant's most favored customer."]

FORM H: BUDGET SUMMARY Example**Legal Name of Applicant:** Apple County Health Department

Cost Categories	TDH Funds Requested (1)	Direct Federal Funds (2)	Other State Agency Funds* (3)	Local Funding Sources (4)	Other Funds (5)	Total (6)
A. Direct Surgical Fee	\$ 27,900	\$ 30,900	\$ 5,000	\$ 0	\$ 0	\$ 63,800
B. Fringe Benefits	\$ N/A	\$ 5,030	\$ 1,000	\$ 0	\$ 0	\$ 10,062
C. Travel	\$ N/A	\$ 2,070	\$ 5,00	\$ 0	\$ 0	\$ 3,448
D. Equipment	\$ N/A	\$ 3,050	\$ 2,050	\$ 1,500	\$ 0	\$ 8,660
E. Supplies	\$ 45,000	\$ 46,000	\$ 20,000	\$ 5,500	\$ 0	\$ 116,500
F. Contractual	\$ 41,208	\$ 42,010	\$ 15,000	\$ 0	\$ 0	\$ 98,218
G. Construction	N/A	N/A	N/A	N/A	N/A	N/A
H. Other	\$ N/A	\$ 1,000	\$ 500	\$ 0	\$ 0	\$ 24,500
I. Total Direct Costs	\$ 114,108	\$ 130,060	\$ 44,050	\$ 7,000	\$ 0	\$ 325,683
J. Indirect Costs	\$ N/A	\$ 900	\$ 650	\$ 0	\$ 0	\$ 3,575
K. Total (Sum of I and J)	\$ 114,108	\$ 130,960	\$ 44,700	\$ 7,000	\$ 0	\$ 329,258
L. Program Income --Projected Earnings	\$ 13,200	\$ 12,000	\$ 4,200	\$ 600	\$ 0	\$ 30,000

*Letter(s) of good standing that validate the applicant's programmatic, administrative, and financial capability must be placed after this form if applicant receives any funding from other non-TDH state agencies. If the applicant is a state agency or institution of higher education, letter(s) of good standing are not required. DO NOT include non-project related funding in column 3.

DETAILED BUDGET CATEGORY FORMS

General Information

Requirements for Categorical Budgets

The application shall include a detailed breakdown of budget cost categories and a narrative justification. Details of each cost category shall be expressed using the budget category detail forms (I1-I7), which follow. Definitions of the cost categories and instructions and examples of how to itemize the contents of each cost category are included after the budget category detail forms. Computer generated facsimiles may be substituted for any of the forms; however, the exact wording and format must be maintained.

General Information

Additional information on basic accounting and financial management systems requirements is available in TDH's Financial Administrative Procedures Manual. The manual is available on the Internet at http://www.tdh.state.tx.us/grants/form_doc.htm.

Only those costs allowable under UGMS and any revisions thereto plus any applicable federal cost principles are eligible for reimbursement under this contract. Applicable cost principles, audit requirements, and administrative requirements are as follows:

Applicable Cost Principles	Audit Requirements	Administrative Requirements
OMB Circular A-87, State & Local Governments	OMB Circular A-133	UGMS
OMB Circular A-21, Educational Institutions	OMB Circular A-133	OMB Circular A-110
OMB Circular A-122, Non Profit Organizations	OMB Circular A-133 and UGMS	UGMS
48 CFR Part 31, For Profit Organization and other than a hospital and an organization named in OMB Circular A-122 as not subject to that circular	Program audit conducted by an independent certified public accountant must be in accordance with Governmental Auditing Standards.	

A. Allowable and Unallowable Costs

Below is a brief listing of allowable and unallowable costs as prescribed by federal cost principles or TDH policy. Applicable federal cost principles provide additional information and guidance on allowable and unallowable costs.

An **allowable cost**, in accordance with federal cost principles, meets the following criteria:

1. It is necessary and reasonable for proper and efficient administration of the funded program;
2. It can be allocated to the funded program and is not a general expense needed to carry out the contractor's general responsibilities;
3. It is authorized or is not prohibited under applicable laws or regulations;
4. It conforms to applicable limitations or exclusions;
5. It is consistent with applicable policies and procedures;
6. It is treated consistently through the application of generally accepted accounting principles appropriate to the circumstances;
7. It is not allocated or included as a cost of any other program; and
8. It is the net sum of all applicable credits.

**DETAILED BUDGET CATEGORY FORMS,
Allowable/Unallowable Costs continued**

Unallowable costs, i.e., costs that may not be paid with TDH funds include, but are not limited to:

1. Advertising and public relations costs other than those specifically allowed by terms of the contract attachment or those incurred for the purpose of personnel recruitment, solicitation of bids and disposal of surplus materials;
2. Bad debts;
3. Construction is not allowed without the prior written approval of TDH;
4. Contingency reserve funds;
5. Contributions and donations;
6. Entertainment costs including amusement/social activities and their related costs (meals, beverages, lodgings, rentals, transportation, and gratuities) are not allowed unless the costs are directly related to the program's purpose and TDH has reviewed and issued prior written approval of the work plan components that relate to entertainment costs;
7. Fines, penalties, late payment fees, bank overdraft charges;
8. Fundraising;
9. Interest (unless specifically authorized by applicable cost principles or authorized by federal or state legislation);
10. Lobbying.

B. Direct Costs

Direct costs are those that can be specifically identified with a particular award, project, service, scope of work or other direct objective of an organization. These costs may be charged directly to the TDH contract attachment (if applicant is awarded a contract). These costs may also be charged to cost objectives used to accumulate all costs pending distribution to specific contracts and other purposes. Direct cost categories include: personnel, fringe benefits, travel, equipment, supplies, contractual, and other.

C. Indirect Costs

Indirect costs are those that have been incurred for common or joint objectives and cannot be readily identified with a particular final cost objective. The amount of indirect costs that may be charged to any resulting TDH contract attachment is determined by negotiation and will be defined in the contract budget attachment.

D. Audit Requirements

If required by OMB Circular A-133 and/or UGMS, applicant or applicant's authorized contracting entity shall arrange for a financial and compliance audit (Single Audit). Applicant may include in the budget request an amount for TDH's proportionate share of costs. The audit must be conducted by an independent CPA and must be in accordance with applicable OMB Circulars, Government Auditing Standards, and UGMS. Audit services shall be procured in compliance with state procurement procedures, as well as the provisions of UGMS.

FORM H-1: SUPPLIES Budget Category Detail Form

Legal Name of Applicant: _____

Itemize, describe, and justify the surgical supply items listed below

DESCRIPTION OF ITEM (= \$1,000 excluding equipment exceptions)	COST PER UNIT / # OF UNITS	UNIT TOTAL	PURPOSE & JUSTIFICATION
TOTAL Amount Requested for SUPPLIES:		\$ 0.00	

FORM H-1: SUPPLIES Budget Category Detail Form Example**Legal Name of Applicant:** Apple County Health Department

Itemize, describe, and justify the surgical supply items listed below

DESCRIPTION OF ITEM (= \$1,000 excluding equipment exceptions)	COST PER UNIT / # OF UNITS	UNIT TOTAL	PURPOSE & JUSTIFICATION
Medical supplies	\$750 / month	\$9,000	Cotton balls, band-aids, alcohol preps
TOTAL Amount Requested for SUPPLIES:		\$ 9,000	

SUPPLIES**DEFINITION:** Costs for expendable surgical supplies necessary to carry out the program

INSTRUCTIONS: Enter the following information in the SUPPLIES Budget Category Detail Form for each general category or type of supplies: description of the items, the cost per unit, the number of units to be purchased, the total amount for the line item (multiply the cost per unit by the number of units), and state the purpose for the item(s), why the supplies are necessary and how the applicant determined or will determine that the cost is reasonable.

FORM H-2: CONTRACTUAL Budget Category Detail Form

Legal Name of Applicant: _____

List contracts for services related to the scope of work that is to be provided by a third party. If a third party is not yet identified, describe the service to be contracted and show contractors as "To Be Named." Justification for any contract that delegates a substantial portion of the scope of the project, i.e., \$25,000 or 25% of the applicant's funding request, whichever is greater, must be attached behind this form.

CONTRACTOR NAME (Agency or Individual)	DESCRIPTION OF SERVICES (Scope of Work)	METHOD OF REIMBURSEMENT (Unit Cost or Cost Reimbursement)	# of Hours or Units of Service	UNIT COST RATE (If Applicable)	CONTRACTOR TOTAL	JUSTIFICATION
TOTAL Amount Requested for CONTRACTUAL:					\$	0

EXAMPLE FORM H-2: CONTRACTUAL Budget Category Detail Form Example

Legal Name of Applicant: Apple County Health Department

List contracts for services related to the scope of work that is to be provided by a third party. If a third party is not yet identified, describe the service to be contracted and show contractors as "To Be Named." Justification for any contract that delegates a substantial portion of the scope of the project, i.e., \$25,000 or 25% of the applicant's funding request, whichever is greater, must be attached behind this form.

CONTRACTOR NAME (Agency or Individual)	DESCRIPTION OF SERVICES (Scope of Work)	METHOD OF REIMBURSEMENT (Unit Cost or Cost Reimbursement)	# of Hours or Units of Service	UNIT COST RATE (If Applicable)	CONTRACTOR TOTAL	JUSTIFICATION
Dr. Bob Health, D.O.	Oversees medical services	Unit Cost	month	\$300	\$3,600	Medical Director required by TDH
Dr. Peter Paul, D.O.	Provides health history & physicals	Unit Cost	130 hours/ month	\$3,034	\$36,408	Contract physician at clinics performing medical exams
Dr. Billy Bob, D.O.	Provide professional guidance	Cost Reimburse	N/A	N/A	\$1,200	Medical Consultant
TOTAL Amount Requested for CONTRACTUAL:					\$ 41,208	

CONTRACTUAL

DEFINITION: Activities identified in the scope of work that are delegated by the applicant to a third party; the cost of providing these activities is recorded in this category. Travel costs incurred by a third party while performing these activities should be included in this category. Contracts for administrative services are not included in this category; they are properly classified in the "Other" category.

If the applicant enters into grant contracts with subrecipients or procurement contracts with vendors, the documents will be in writing and will comply with the requirements specified in the Contracts with Subrecipients and Contracts for Procurement articles in the General Provisions for Texas Department of Health Grant Contracts which are available online at http://www.tdh.state.tx.us/grants/form_doc.htm.

If an applicant plans to enter into a contract which delegates a substantial portion of the scope of the project, i.e., \$25,000 or 25% of the applicant's funding request whichever is greater, the applicant must submit justification to TDH and receive prior written approval from TDH before entering into the contract.

INSTRUCTIONS: The CONTRACTUAL Budget Category Detail Form requires names of the individuals or organizations performing the services, a description of the services being contracted, the number of hours or units of service to be purchased, the method of reimbursement (cost reimbursement or unit cost), unit cost if applicable and total amount of each subcontract. Justification should include why applicant intends to contract for the service, why the service is necessary to perform the scope of work and how the applicant will ensure that the cost of the service is reasonable.

Justification for contracts that delegate a substantial portion of the scope of the project, i.e., \$25,000 or 25% of the applicant's funding request whichever is greater, must be attached behind the CONTRACTUAL Budget Category Detail Form.

HISTORICALLY UNDERUTILIZED BUSINESSES (HUBs) Guidelines

If you have questions, please contact Al Beavers, HUB Coordinator, at 512-458-7394 or by e-mail at: Al.Beavers@tdh.state.tx.us.]

FORM I-1: TDH GRANT/CONTRACT APPLICANTS CLIENT SERVICES HUB SUBCONTRACTING PLAN (C-IGA)

INSTRUCTIONS

HUB Subcontracting Plan (HSP) Policy: In accordance with Texas Government Code, Sections 2161.181-182, Health and Human Service (HHS) agencies shall make a good faith effort to utilize Historically Underutilized Businesses (HUBs) in contracts for construction, services (including professional and consulting services), and commodity procurements. Therefore, HHS contractors shall be required to make a good faith effort to ensure that HUBs receive their respective share of the total value of all subcontract awards each fiscal year. "Subcontract" means a written third party contract between a prime contractor/grantee and another contractor for the performance of all or part of a contract.

The questions below must be completed and returned by applicant with the application.

Applicant (Agency or company) Name (print): _____ Date: _____

TDH Grant/Contract Application Identifier: RFP Z01.0081.1

Yes/No	
<input type="checkbox"/> <input type="checkbox"/>	Are you a governmental body (local government, school district, etc.) bound by HUB or MWBE mandates/requirements?
Yes	If "Yes", complete only the top part of this sheet and return it with your application; no further action is required.
No	If "No", please complete the table below.

Yes/No	
<input type="checkbox"/> <input type="checkbox"/>	Is this application for more than \$100,000?
<input type="checkbox"/> <input type="checkbox"/>	If "Yes" above, do budget categories Equipment, Supplies, Contractual and Other have a combined value of \$50,000 more? NOTE: If it is prudent to expect that during the initial contract period the combined subcontracting amount in these budget categories will exceed \$50,000, applicant should respond "yes".
Yes	If "Yes" to both of the above, you MUST comply with the HUB Subcontracting Plan (HSP) Procedures listed below and document your efforts by completing the Determination of Good Faith Effort form (C-DGFE) and the Subcontractor Status Determination form (C-SSD).
No	If "No" to either of the above, you do not have to complete any other HUB forms; however, we encourage you to make efforts to subcontract with qualified HUBs whenever possible in connection with this contract.

HUB Subcontracting Plan (HSP) Procedures

By implementing the following procedures, an applicant shall be presumed to have made a good faith effort to fulfill a HSP.

1. The applicant must notify at least three (3) qualified HUBs of the work that the contractor intends to subcontract. The primary source for finding certified HUBs is the General Services Commission HUB vendor file. These businesses can be located at <http://www.gsc.state.tx.us/cmb/cmbhub.html> (select HUBs on CMBL or HUBs Not on CMBL):

- The preferable method of notice shall be in writing;
- The notice must include a quantitative description of the subcontracting work and identify a location or means to review contract specifications;
- The notice must be provided to potential subcontractors prior to submission of the application;
- The applicant must provide potential subcontractors a reasonable period of time to respond to the notice. "Reasonable time" in this context is no less than five working days from receipt of the notice to respond unless circumstances require a different time period, determined by the soliciting agency and documented in the project file.

2. If it is determined that the applicant fails to provide a good faith effort to fulfill these HSP procedures, the applicant's executive director will be notified with a required date for correction of the deficiencies noted.

3. After a contract/grant award, the contractor/grantee shall report to the TDH HUB Coordinator the amount paid to its subcontractors on a quarterly basis using the Quarterly Subcontract Report form (C-QSR) provided in this application.

FORM I-2: TDH GRANT/CONTRACT APPLICANTS CLIENT SERVICES HUB SUBCONTRACTING PLAN (C-DGFE)

DETERMINATION OF GOOD FAITH EFFORT

Based on applicant's responses to the HUB Subcontracting Plan (HSP) form (C-IGA), applicant may be required to complete and submit this form with the application. The purpose of this form is to document applicant's good faith efforts to develop a HUB subcontracting Plan.

1. Are you certified as a Texas Historically Underutilized Business (HUB)? ☐ Yes ☐ No
2. Do you plan to subcontract all or any portion of the contract? ☐ Yes ☐ No

If yes, you are required to complete and submit the Subcontractor Status Determination form (C-SSD).

Yes/No	The Texas Department of Health will determine if a good faith effort has been made to develop a HUB Subcontracting Plan based on the responses below	Required Documentation (to be maintained by applicant)
<input type="checkbox"/> <input type="checkbox"/>	Did your company divide the contract work into reasonable lots in accordance with standard industry practices?	Statement of compliance methodology
<input type="checkbox"/> <input type="checkbox"/>	Did your company send notices containing adequate information about bonding, insurance, plans, specifications, scope of work, and other requirements to three (3) or more qualified HUBs, allowing reasonable time for HUBs to participate effectively?	Phone Logs, Fax Transmittals, etc
<input type="checkbox"/> <input type="checkbox"/>	Did your company negotiate in good faith with qualified HUBs, not rejecting qualified HUBs who were the best value responsive bidder?	Selection Process Documentation
<input type="checkbox"/> <input type="checkbox"/>	Did your company document reasons for rejection or meet with rejected HUBs to discuss the rejection?	Selection Process Documentation
<input type="checkbox"/> <input type="checkbox"/>	Did your company advertise in general circulation, trade association, and minority/women focus media concerning subcontracting opportunities?	Copies of Advertisements
<input type="checkbox"/> <input type="checkbox"/>	If you used a source other than the GSC HUB directory, have you identified the subcontractor and the governmental certification source, and assisted the selected minority or women-owned business subcontractor to become certified by GSC?	Subcontractor Status Determination of (C-SSD)

TDH Grant/Contract Application Identifier: RFP Z01.0081.1

Applicant (Agency or Company) Name (print): _____

Authorized Signature and Title: _____ Date: _____

FOR AGENCY USE ONLY:

It is my determination that the applicant - **HAS** _____ - **HAS NOT** _____ - determined good faith according to Texas Government Code, Sections 2161.181-182 in connection with this application. If applicant has not demonstrated good faith, attach explanation.

Reviewed by: _____ Title _____ Date _____

FORM I-3: TDH CLIENT SERVICES HUB SUBCONTRACTING PLAN (C-SSD)

SUBCONTRACTOR STATUS DETERMINATION

Applicant/Prime Contractor's Name: _____

TDH Grant/Contract Identifier: RFP Z01.0081.1 Animal Friendly Spay/Neuter Project

Prime contractor should contact Subcontractor to obtain information as required to complete this form. Include each proposed Subcontractor.

Subcontractor Name	Address	Estimated Dollar Value of Subcontract	Description of Subcontracted Goods and/or Services	If certified as a Minority/Women-Owned Business, enter certification number and certifying entity	If HUB* Qualified, but not Certified enter Qualifying Ethnicity/Gender

*A Historically Underutilized Business (HUB) is defined as a business that is formed for the purpose of making a profit and is otherwise a legally recognized business organization under the laws of the State of Texas. At least 51% of the assets and interest and/or classes of stock and equitable securities must be owned by one or more persons who are United States citizens born or naturalized. The following are recognized by the State of Texas as having been economically disadvantaged because of their identification as members of the **qualifying groups - Asian Pacific Americans (AS), Black Americans (BL), Hispanic Americans (HI), Native Americans (NA), and American Women (WO)**. These individuals must demonstrate active participation in the control, operation and management of the daily business affairs of the company that is proportionate to their ownership interest. HUB businesses must have a permanent business office located in Texas where the majority HUB owner(s) makes the decisions, controls the daily operations of the organization, and participates in the business. Owners must be residents of the State of Texas and meet all other certification and compliance requirements. Out-of-state businesses are ineligible for state certification.

FORM I-4: TDH CLIENT SERVICES HUB SUBCONTRACTING PLAN (C-QSR)

QUARTERLY SUCONTRACT REPORT

PRIME CONTRACTOR/GRANTEE INFORMATION:

Report Quarter: _____

Prime Contractor/Grantee Name: _____

Vendor Identification Number: _____ Object Code (agency use): _____

TDH Grant/Contract Identifier: RFP Z01.0081.1 Total Contract Amount: _____

Address: _____ Telephone #: _____ Fax#: _____

SUBCONTRACTOR INFORMATION:

Subcontractor Name	Vendor Identification Number	If HUB Qualified But Not Certified, Enter Qualifying Ethnicity/Gender	Description of Services/ Materials Provide	Contact Person & Telephone Number	Amount Paid This Date	Amount Paid To Date
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
Total Reported:					\$ 0	\$ 0

Please check here ☐ if NO subcontractors have been utilized during this quarter.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature /Authorized Representative: _____ **Date:** _____

Send This To: Texas Department of Health
HUB Coordinator
1100 West 49th Street
Austin, Texas 78756-3199

Quarter	Months Included	Deadline
<i>First</i>	<i>September, October, November</i>	<i>December 5th</i>
<i>Second</i>	<i>December, January, February</i>	<i>March 5th</i>
<i>Third</i>	<i>March, April, May</i>	<i>June 5th</i>
<i>Fourth</i>	<i>June, July, August</i>	<i>September 5th</i>

FORM J: NONPROFIT BOARD OF DIRECTORS AND EXECUTIVE DIRECTOR ASSURANCES FORM

If the applicant is a nonprofit organization, this form must be completed (state or other governmental agencies are not required to complete this form). The purpose of the form is to inform nonprofit board members and officers of the responsibilities and administrative oversight requirements of nonprofit applicants intending to or contracting with TDH.

(Name & Address Of Organization)

The persons signing on behalf of the above named organization certify that they are duly authorized to sign this Assurances form on behalf of the organization. The undersigned acknowledge and affirm:

- A. That an annual budget has been approved for each contract with TDH.
- B. The Board of Directors convenes on a regularly scheduled basis (no less than quarterly) to discuss the operations of the organization.
- C. Actual revenue and expenses are compared with the approved budget, variances are noted, and corrective action taken as needed (with Board approval).
- D. Timely and accurate financial statements are presented by the designated financial officer on a regular basis to the board.
- E. That the Board of Directors will ensure that any required financial reports and forms, whether federal or state, are filed on a current and timely basis.
- F. Adequate internal controls are in place to ensure fiscal integrity, accountability, and to safeguard assets.
- G. The Treasurer of the Board has been fully informed of his or her responsibilities as Treasurer.
- H. The Board has Audit and/or Finance Committees that convene regularly and communicate effectively with the Board Treasurer and other Board members in understanding and responding to financial developments.
- I. The organization follows Generally Accepted Accounting Principles when preparing financial statements, and fund accounting practices are observed to ensure integrity among specific contracts or grants.
- J. If a contract is executed with the Texas Department of Health, this form will be discussed in detail at the next official Board meeting and that notes of the discussion and a signed copy of this form will be included in the minutes of the meeting. A copy of the minutes will be kept at the organization and be available for inspection by TDH staff.
- K. If a contract is executed with the Texas Department of Health and the nonprofit organization has not received any funding from TDH for the past 24 months, the Legal and Fiscal Responsibilities for Nonprofit Board of Directors Video and Guide will be viewed and a signed "tear-out" sheet will be completed and filed by each board member with the nonprofit organization no later than 45 days after contract execution. Newly appointed/elected board members will comply with these requirements no more than 45 days after taking office. All tear-out sheets will be available for inspection by TDH staff.
- L. The organization will administer any contract executed with the Texas Department of Health in accordance with applicable federal statutes and regulations, including federal grant requirements applicable to funding sources, Uniform Grant Management Standards issued by the Governor's Office, applicable Office of Management and Budget Circulars, applicable Code of Federal Regulations, and provisions of the contract document.

*Chairman of the Board Signature/Date

*President or Executive Director Signature/Date

*If the signed original of this form has been provided to the Texas Department of Health during the calendar year and the officers signing the document have not changed, a copy of the signed form will be accepted.

APPENDIX A

TDH ASSURANCES AND CERTIFICATIONS

Note: Some of these Assurances and Certifications may not be applicable to your project. If you have questions, contact the awarding program within TDH.

As the duly authorized representative of the applicant, my signature on the FACE PAGE Form certifies that the applicant:

1. Has the legal authority to apply for state/federal assistance, and the institutional, managerial and financial capability and systems (including funds sufficient to pay the non-state/federal share of project costs) to ensure proper planning, management and completion of the project described in this application;
2. Has a financial system that demonstrates accounting, budgetary and internal controls; cash management; reporting capability; cost allowability determination; and source documentation;
3. A parent, affiliate, or subsidiary organization, if such a relationship exists, will give TDH, the Texas State Auditor, the Comptroller General of the United States, and if appropriate, the federal government, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives;
4. Will supplement the project/activity with funds made available through a contract award as a result of this RFP and will not supplant funds;
5. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain;
6. Will comply, as a subgrantee, with Texas Government Code, Chapter 573, Vernon's 1994, by ensuring that no officer, employee, or member of the applicant's governing body or of the applicant's contractor shall vote or confirm the employment of any person related within the second degree of affinity or the third degree of consanguinity to any member of the governing body or to any other officer or employee authorized to employ or supervise such person. This prohibition shall not prohibit the employment of a person who shall have been continuously employed for a period of two years, or such other period stipulated by local law, prior to the election or appointment of the officer, employee, or governing body member related to such person in the prohibited degree;
7. Affirms that it has not given, nor intends to give, at any time hereafter any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant or any employee or representative of same, in connection with this procurement;
8. Will honor for 90 days after the application due date the technical and business terms contained in the application;
9. Will initiate the work after receipt of a fully executed contract and will complete it within the contract period;
10. Will not require a client to provide or pay for the services of a translator or interpreter;

11. Will identify and document on client records the primary language/dialect of a client who has limited English proficiency and the need for translation or interpretation services;
12. Will make every effort to avoid use of any persons under the age of 18 or any family member or friend of a client as an interpreter for essential communications with clients who have limited English proficiency. However, a family member or friend may be used as an interpreter if this is requested by the client and the use of such a person would not compromise the effectiveness of services or violates the clients confidentiality, and the client is advised that a free interpreter is available;
13. Will comply with the requirements of the Immigration Reform and Control Act of 1986, 8 USC §1324a, as amended, regarding employment verification and retention of verification forms for any individual(s) hired on or after November 6, 1986, who will perform any labor or services proposed in this application;
14. Agrees to comply with the following to the extent such provisions are applicable:
 - A. Title VI of the Civil Rights Act of 1964, 42 USC §§2000d, et seq.;
 - B. Section 504 of the Rehabilitation Act of 1973, 29 USC §794(a);
 - C. The Americans with Disabilities Act of 1990, 42 USC §§12101, et seq.; and
 - D. All amendments to each and all requirements imposed by the regulations issued pursuant to these acts, especially 45 CFR Part 80 (relating to race, color and national origin), 45 CFR Part 84 (relating to handicap), 45 CFR Part 86 (relating to sex), and 45 CFR Part 91 (relating to age);
 - E. TDH Policy XO-0119, Non-Discrimination Policies and Procedures for TDH Programs, which prohibits discrimination on the basis of race, color, national origin, religion, sex, sexual orientation, age, or disability.
15. Will comply with the Uniform Grant Management Act (UGCMA), Texas Government Code, Chapter 783, as amended, and the Uniform Grant Management Standards (UGMS), as amended by revised federal circulars and incorporated in UGMS by the Governor's Budget and Planning Office, which apply as terms and conditions of any resulting contract. A copy of the UGMS manual and its references are available upon request;
16. Will remain current in its payment of franchise tax or is exempt from payment of franchise taxes, if applicable;
17. Will comply, if applicable, with Texas Family Code, § 231.006, regarding Child Support, and certifies that it is not ineligible to receive payment if awarded a contract, and acknowledges that any resulting contract may be terminated and payment may be withheld if this certification is inaccurate.
18. Will comply with the non-discriminatory requirements of Texas Labor Code, Chapter 21, which requires that certain employers not discriminate on the basis of race, color, disability, religion, sex, national origin, or age;
19. Will comply with environmental standards prescribed pursuant to the following:
 - A. Institution of environmental quality control measures under the National Environmental Policy Act of 1969, 42 USC §§4321-4347, and Executive Order (EO) 11514 (35 Fed. Reg. 4247), "Protection and Enhancement of Environmental Quality;"
 - B. Notification of violating facilities pursuant to EO 11738 (40 CFR, Part 32), "Providing for Administration of the Clean Air Act and the Federal Water Pollution Control Act with Respect to Federal Contracts, Grants or Loans;"
 - C. Conformity of federal actions to state clean air implementation plans under the Clean Air Act of 1955, as amended, 42 USC §§7401 et seq.;

- D. Protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, 42 USC §§300f-300j, as amended;
20. Will comply with the Pro-Children Act of 1994, 20 USC §§6081-6084, regarding the provision of a smoke-free workplace and promoting the non-use of all tobacco products;
21. Will comply, if applicable, with National Research Service Award Act of 1971, 42 USC §§289a-1 et seq., as amended and 6601 (P.L. 93-348 – P.L. 103-43), as amended, regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance, as implemented by 45 CFR Part 46, Protection of Human Subjects;
22. Will comply, if applicable, with the Clinical Laboratory Improvement Amendments of 1988 (CLIA), 42 USC §263a, as amended, which establish federal requirements for the regulation and certification of clinical laboratories;
23. Will comply, if applicable, with the Occupational Safety and Health Administration Regulations on Blood-borne Pathogens, 29 CFR §1919.030, which set safety standards for those workers and facilities in the private sector who may handle blood-borne pathogens, or Title 25 Texas Administrative Code, Chapter 96, which affects facilities in the public sector;
24. Will not, if a for profit organization, charge a fee for profit. A profit or fee is considered to be an amount in excess of actual allowable, allocable, and reasonable direct and indirect costs that are incurred in conducting an assistance project;
25. Will comply with all applicable requirements of all other state/federal laws, executive orders, regulations, and policies governing this program.
26. Defined as the primary participant in accordance with 45 CFR Part 76, and his/her principals:
- (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency;
 - (b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - (c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (federal, state, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
 - (d) have not within a 3-year period preceding this application/proposal had one or more public transactions (federal, state, or local) terminated for cause or default.

Should the applicant not be able to provide this certification (by signing the FACE PAGE Form), an explanation should be placed after this form in the application response.

The applicant agrees by submitting this proposal that he/she will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion-Lower Tier Covered Transaction" (Appendix B to 45 CFR Part 76) in all lower tier covered transactions (i.e., transactions with subgrantees and/or contractors) and in all solicitations for lower tier covered transactions.

27. Understands that Title 31, USC §1352, entitled "Limitation on use of appropriated funds to influence certain federal contracting and financial transactions," generally prohibits recipients

of federal grants and cooperative agreements from using federal (appropriated) funds for lobbying the executive or legislative branches of the federal government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a federal grant or cooperative agreement must disclose lobbying undertaken with non-federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93).

- (a) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
- (b) If any funds other than federally-appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agent, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," (SF-LLL) in accordance with its instructions. SF-LLL and continuation sheet are available upon request from the Texas Department of Health.
- (c) The language of this certification shall be included in the award documents for all sub-awards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by USC §1352. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

28. Affirms that the statements herein are true, accurate, and complete (to the best of his or her knowledge and belief), and agrees to comply with the TDH terms and conditions if an award is issued as a result of this application. Willful provision of false information is a criminal offense (Title 18, USC §1001). Any person making any false, fictitious, or fraudulent statement may, in addition to other remedies available to the Government, be subject to civil penalties under the Program Fraud Civil Remedies Act of 1986 (45 CFR Part 79).